

SOMERSET HILLS BOARD OF EDUCATION

APPLICATION TO USE PRIVATELY OWNED VEHICLE IN PUPIL TRANSPORTATION

Name: _____

Address: _____

Telephone: _____

Driver's License #: _____

(attach copy of license)

Insurance Company: _____

Insurance Policy #: _____

(attach copy of declaration page)

Vehicle Description: _____

(make)

(model)

(year)

(mileage)

Has Driver been convicted of any moving violations in the past three (3) years?

____ Yes (please describe) _____

____ No

REQUEST FOR APPROVAL TO USE PRIVATELY OWNED VEHICLE FOR TRANSPORTATION FOR SCHOOL RELATED ACTIVITY

Request permission to:

Take _____ of students to _____

(number)

(place)

On: _____ from _____ to _____

(date)

(time)

(time)

Purpose: _____

List of pupils names involved in transportation:

(Driver Signature)

(Date)

(Approval)

(Date)